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ABSTRACT

Knowledge gained from the theoretical and empirical literature on social support theory, family systems theory, and social ecology provide the foundation for a model which studies stress, support systems, and coping patterns within the family. Puerto Rican (N=87) and Italian (N=49) families were interviewed to identify stress factors and coping mechanisms used in the family with young children and mothers, older adults, physically or emotionally disturbed persons, and juvenile/adult offenders. For Hispanic families, major stresses included child care problems, health care for the elderly, constant vigilance and attention to the handicapped, and disruption after criminal encounters. Coping styles differed depending on the resources of the focal functioning person. An inverse relationship existed between users of immediate and extended family resources. The Italian families, despite educational and linguistic handicaps, had considerable personal coping resources as well as resources throughout their individual family systems, particularly from female relatives. There were also strong ethnic neighborhood support for both groups. (Author/HLM)

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BEYOND THE INDIVIDUAL CLIENT:
Families as Support Systems and Psychological Helpers

Symposium Papers

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THEORETICAL FRAMEWORK: A MODEL OF THE ECOLOGY OF FAMILY FUNCTIONING

Our approach to the ecology of family functioning has been greatly influenced by the work of Urie Bronfenbrenner (1977) and his colleagues at the Foundation for Child Development such as Orville Brimm (1975), and by the work of earlier people in the field such as Barker and Gump (1964 and subsequent works).

Bronfenbrenner (1977) has noted the nested arrangement of structures which constitute an ecological system. He states that the smallest element (in this context) is the micro-system, which "is the complex of relations between the developing person and environment in an immediate setting containing that person (e.g., home, school, work place, etc.)." A setting is defined as " a place with particular physical features in which participants engage in particular roles (e.g., daughter, parent, teacher, employee, etc.) for particular periods of time. The factors of place, time, physical features, activity, participant, and role constitute the elements of a setting."

Above the micro-system level are meso-systems which are the inter-relations among the major settings containing a person at any given point in time. The next level up are the exo-systems which include the formal and informal specific social structures which impinge on the target person.

Also included in the Bronfenbrenner model are the concepts of macro-systems which he defines as the overarching institutional patterns of the culture or subculture which generally carry information and endow meaning and motivation to institutions and activities.

To supplement the conceptual framework of Bronfenbrenner, we have used the theories developed and presented by Kantor and Lehr (1976) and Minuchin (1974). These additional concepts help and describe the functioning of the ten types of families in the two cultures that were studied. These authors conceived of families as systems which are organizationally complex, open, adaptive, and which process information. Families have subsystems, such as the spousal (husband-wife) subsystem, the parental (mother-child and father-child) subsystem, and sibling (child-child) subsystems (Minuchin, 1974).

Kantor and Lehr conceptualize family functioning by using the "target" dimensions of affect, power, and meaning and the "access" dimensions of space, time and energy. Affect consists of affirmative intimacy and nurturance or support; difficulties in family functioning arise when there is too much or too little affect. Power involves such issues as who and what will move freely and who and what will be restrained; extreme freedom or restraint can lead to family malfunctioning. Meaning consists of those ideas, credos, values, ideologies, world views, and senses of good and bad, right and wrong, which a family shares and presents to the world as its identity. There is a strong link between the macrosystems postulated by Bronfenbrenner and the "dimension of meaning" included in the Kantor and Lehr model.

The authors also reviewed and drew from the social support theory of human interaction, finding particularly relevant to our research: Lewin's (1951) studies of interpersonal linkages; Bott's (1955) work on spousal relationships; Adam's (1968) analysis of the dimensions of urban life and the effect of occupational mobility on kin networks and Craven and

Wellman's (1973) studies of urban living in terms of the structures of interpersonal linkages as opposed to sociological classifications. Collins and Pancoast's (1975) studies of natural helpers and Caplan and Killilea's(1976) research on innovations in human services utilizing non-professional support systems were also used as sources.

Knowledge gained from the theoretical and empirical literature on social support theory, family system's theory, and social ecology has formed the foundation for the ecological model of family functioning. This model - developed for this study - contains both the structural aspects of family functioning (its ecology) and the interacting elements that describe the dynamics of family functioning (its process); it has guided our efforts during the design, implementation and analysis phases of our research. Essentially, the model provides a framework for studying the impact of stress on family life and serves to focus attention on the major resources that families use in times of stress.

The three major concepts which this study investigated and which the model embraces are: stress, support systems, and family coping patterns.

Stress Factors

In the context of this study, stress is conceptualized as a two-fold concept. It includes stresses associated with the different family types and stresses caused by the existence of unmet human needs.

The first group, stresses owing to different family types, includes problems created by the existence of any of the following conditions in a family: 1) young children and non-working mothers; 2) young children and working mothers; 3) elderly members; 4) physically handicapped

children; 5) physically handicapped adults; 6) emotionally handicapped children; 7) emotionally handicapped adults; 8) children whose behavior has brought them into conflict with the law; 9) adults whose behavior has brought them into conflict with the criminal justice system; and 10) more than one of the above problems.

The second group includes stresses relating to a set of human needs. These include: 1) food, 2) clothing, 3) furniture, 4) housing, 5) income, 6) transportation, 7) child care 8) protection 9) employment 10) education 11) psychological needs, 12) recreation, 13) legal services, and 14) information needs.

Support Systems

The model identifies the range of support potentially available to families during times of stress. These resources include those of the focal person (his or her psychological strengths, knowledge and skill, material and financial resources);support from the immediate family; support from the extended family or friends; help from agencies; and the support provided by one's value system and culture.

In outline, this approach can best be seen in Figure 1. Here, starting with the focal person (the person being interviewed) the resources and contacts of the person are mapped out in concentric rings. The rings indicate potential levels of the nested arrangement of structures constituting an ecological system. The innermost rings are not shared, but as the rings continue out, more and more people share them. The model is not linear, but circular, with interaction and flow both ways across the ring boundaries. These structures can be briefly

described as follows:

Personal

It is useful to examine the personal resources the focal person can bring to bear in coping with problems. These resources can be classified into three categories: psychological, skills and knowledge, and material.

Psychological Psychological resources include: organizing ability, ambition, curiosity, shyness, outgoingness, independence, industry, and future-orientation. While there are many other psychological traits which may be important, we have specifically attempted to obtain self ratings or measures of these. For persons other than the focal person, where far less data is available, we asked their spouses to rate them on the different resources.

Skills and Knowledge The area of knowledge and skill is large. Specifically included here are the amount of formal education a person has obtained, knowledge of English, occupational level, and knowledge of the agencies and other community resources available.

Material and Financial This area of resources includes the material factors such as ownership of an automobile, house, or apartment, state of employment, and income level.

Micro system

Immediate Family After taking account of the resources available for coping within the individual, the next level up is that of the micro system, here interpreted to mean the immediate family. Included as immediate family are those people living together in the household, and

spouses even if they are not living together. This means that a woman who is a focal person would include in her immediate family: all children living at home, her husband even if she is separated from him - and a boyfriend who may be living in the household. In analyzing the microsystem of the immediate family, account must be taken of the interrelationships among the family members. We put these into two general categories: the relationships among the adults in the household; and the relationships of the adults to the children (parent-child relationships).

Meso system

Extended Family A major component of the ecological analysis will be tracing out the use of family other than the immediate family in the coping patterns of families. The extended family is defined here as all people who are related to the focal family but do not reside in the household. Only estranged spouses, not currently living with their family, are still considered to be immediate family. A child living away from home would be considered to be extended family for our purposes here.

In the analysis, a major issue is which family members are named as able and willing to help with various types of strain or problem.

Friends Many families depend more on close friends than they do on extended family. Of particular interest are work friends.

Agencies In the next context of this study, we see as major components of the exosystem various agencies, public and private, which serve the communities being studied. Examples of these agencies are church agencies,

the Department of Welfare, housing agencies, ethnic organizations, self-help organizations, and multi-service agencies.

Macro system

Values and Culture The meaning which the focal person puts on various aspects of life and the extent to which these meanings are culturally shared, constitute the macrosystem of cultural values and meanings. Religion is a major component at this level, while the church and church agencies are at the level of the exo system agencies and institutions.

Family Coping Patterns

The major focus of this study has been on the manner and extent to which families use the various resources identified in the model. In studying this process, we have been guided by a model composed of stressors, social support networks, and family functioning (See Figure 2). This model is embedded in the ecological model operating at the family level of the system.

The stresses originating from any level of the system impact the family which, in turn, requires the selection of a coping strategy. Employment of a particular strategy brings the family support system into play. These support systems have levels which correspond to the various levels of the ecological model: personal, immediate family, extended family, friends, agencies and values and cultures. Some families obtain support from only one level of the system while other families have multi-level support networks. Thus, the type of coping strategy is defined in terms of its focus on a particular level (s) of the system. The competence of family functioning is the degree to which the coping strategy reduces the level of stress.

We have developed two types of coping strategy models, one for the short term or current situation and one for the long term. The long term model of coping strategy which an individual person or family could adopt is probably of more relevance for public policy. However, both the long term and the short term coping strategy models are often components of the macrosystem in that they are culturally preferred coping strategies.

Short Term Coping Strategy Model

When a family is faced with stress, the situation must be dealt with. It is essential that a family be successful in obtaining the needed resources if it is to cope effectively. There may be a general pattern of coping strategies, which are used for all types of stresses, or a family may have a differentiated set of strategies, using different sources for resources to meet different types of stresses. In general, we would consider a family which has a differentiated set of coping strategies to be more likely to cope successfully.

In this context, a coping strategy is simply the proportion of resources, and the absolute amount of resources, a family draws from each level of the ecological system to meet a family stress. Outlined below are several major coping strategies which draw primarily from one level of the ecological system; however, any given family is likely to draw from several levels, and its strategy is the entire pattern of resource reliance.

Use of Personal Resources

Under this strategy, the focal person accepts primary responsibility for his own life and attempts to meet as many needs as possible out of his own resources. This strategy may include use of immediate family

and other resources as needed, but the primary responsibility for meeting family needs is from the personal resources of the focal person. Many heads-of-household will follow this strategy.

Use of Immediate Family Resources

Under this strategy, the focal person sees the immediate family, often the spouse or head-of-household, as the primary source of resources for meeting family needs. Personal resources or resources from extended family or friends, or even agencies may also be used, but the primary reliance is on members of the immediate family.

Heavy Reliance on Extended Family

Under this strategy, the focal person relies heavily on the provision of resources from extended family. An example might be the young couple heavily subsidized by parents living elsewhere.

Heavy Reliance on Friends

This strategy implies a heavy reliance on friends, for example living in a friends house or otherwise depending on non-family and non-personal resources. The friends may be work or social friends, neighbors, or friends from some other source.

Heavy Reliance on Agencies

Under this strategy, the focal person depends heavily on social service agencies to provide resources for meeting family needs. Resources may come from other areas, but the family essentially could not function without the assistance of agencies.

Heavy Reliance on Values and Culture

The most common type of focal person using this strategy is the deeply religious person, who "trusts in God" to provide for the family.

Essentially this strategy involves the use of cultural or value centers for strength or resources.

Long Term Coping Strategy Model

Aside from meeting its immediate needs, a family will usually have a pattern of behavior which can be considered to be a strategy for increasing the resources available to it in the long run. Further , these long-range strategies are more relevant for policy decisions by governmental and other policy agencies who will usually be working with one or a combination of these long-range strategies.

Building up Personal Resource Capability

This strategy includes attempts to improve the capability of the focal person in any of the three personal areas: psychological, skills, or material. For example, attending Alcoholics Anonymous could be an attempt to build up the focal persons psychological strengths;going to school or getting job-training would increase skills; and buying a car or getting a job would increase material and financial strengths.

Building up Immediate Family Resource Capability

This strategy might include assisting a spouse or older child to increase his own personal resource capabilities, by helping them to, for example, get a job, go to school, or obtain psychological counseling. This strategy might also include finding new members, especially a spouse or other adult to add to the household and thereby increase the resource capability of the immediate family. Getting married would be an example of this strategy.

Improving the Relationships Among the Immediate Family Members

Since resource availability is a product of the amount present in the

potential source and the degree of the relationship between the focal person and the source, one strategy is to increase the quality of the relationship. For example, reconciliation with an estranged child, parent or spouse would increase the availability of any resources they may be able to contribute.

Building up the Resource Capability of Friends or Extended Family

In some cultures it is quite common for the extended family to take the strategy of assisting its members to increase their individual capabilities. Examples would be helping a cousin or grandchild attend school, get a job, or otherwise improve his personal capabilities.

Improving the Relationships with Friends or Extended Family

This move can be a major strategy, since it is often possible to create new friendships and to improve relationships with distant relatives, and hence to create new avenues for resource exchange.

Building up the Resource Capability of Agencies

Agencies and institutions also depend on resource input and can be strengthened. For example, a church or social service agency can be strengthened by contributing time or money or political support. Similarly, efforts can be made to increase the size, quality, and responsiveness of governmental agencies through political actions.

Improving the Relationships with Agencies

Increasing the contact with agencies, becoming eligible and applying for services, and getting to know the agency personnel, are all ways to improve the relationship between the person and the agency and hence increas the availability of resources from the agency. Making contacts with new agencies would also be an example of this strategy.

A family may pursue more than one of these strategies and the various strategies are not mutually exclusive. Moreover, a person or family need not have a conscious understanding of what it is doing in following some of these strategies.

METHODOLOGY

This section describes the methods utilized to obtain the data, the sample, and the setting on which the study focused. Specifically, we will begin by describing the instrument used, the interviewers, and the procedures followed in obtaining the sample. This section will be followed by a discussion of the samples and the ecological setting which frame the study.

The Instrument

A semi-structured interview was the major vehicle used to obtain data in this study. It was conducted in the homes of the interviewees and lasted from an hour-and-a-half to three hours. The context of the interview probed the following areas in each family: family composition, educational and work status of family members, potential kin support, activities of a typical day, children's behavior and problems, husband-wife relationships, personality characteristics of various family members, areas of difficulty and enjoyment of work, school-family relationships, different areas of need and the particular support systems for supplying these needs, informal support network, religion and its supportive function, effects of the specific problems affecting the families, cultural values, familiarity with community agencies, attitudes toward institutionalization, and degree of satisfaction with their housing. The specific questions used are described in the first chapter of the two multi-chapter segments on each ethnic group. Spanish, Italian and English versions of the instrument were used.

Interviewers

Three Puerto Rican-born women and two women of Italian background conducted the interviews. Two interviews of families with handicapped children were conducted by a school psychologist born in Colombia and brought up in Texas. Many of the Spanish family interviews were conducted jointly by the principal investigator and another interviewer. Three of the interviewers had served in social service agencies in the community for many years and were well known and accepted in the community. The interviews all went smoothly; frequently the interviewees shared food with the interviewers while different family members participated or observed.

Procedures

The participants were obtained through contacts with community service workers belonging to schools, housing, or social welfare agencies. The families selected to represent the different types of stresses were first informed about the nature of the study and asked if they would like to participate, if they accepted, an appointment was set up. Most of the interviews were conducted with women. However, in a few cases when the wife worked, had left the husband, or was shy and unable to respond, the male head-of-household was interviewed. The privacy of the subjects was assured by deleting their names and addresses from the interview forms. In this manuscript the names given to the families are fictitious.

The Sample

The goal of the study was to interview five to ten families from each group. Table 3.1 presents the results of these efforts. The quota for Spanish families was fulfilled easily. However, it was hard to

obtain all the family types among the Italian sample. The social agencies in the Italian communities were difficult to approach and the citizens contacted were afraid of suggesting names. These communities have been heavily researched and residents are suspicious of strangers who, in the past, have published critical and insensitive accounts of their cultural patterns.

The use of well known and trusted members of the community as interviewers created more openness and higher levels of self-disclosure, especially among the Hispanic families. The interviewers were welcome in the homes and family life seemed to go along as usual. The women were always served coffee and many times invited to stay for lunch or dinner.

The Setting

The city used for this study was a large northeastern metropolis. The majority of the Hispanic participants came from a central area of the city where most of the Puerto Rican families lived and where a myriad of bilingual services were available. A small number of families resided in a peripheral section where they constituted a small cluster among many other ethnic groups sharing services with them. The fact that most of the Hispanic families were living in an area where community-controlled and bilingual services were available probably affected their feelings about the quality of the services they were receiving. Their opinions tended to be more positive than those which have been reported for communities served by Anglo-controlled and staffed agencies.

The residents of the setting from which most of the Hispanic families came are characterized by having low income and education levels, limited

fluency in the English language, high unemployment, and a higher proportion of female-headed families than the rest of the city. The community has a high crime and adult mortality rate.

The majority of the Italian families in our sample were obtained from two sections of the same city where large numbers of Italians reside. Both of these communities have a strong Italian identity and high community spirit. Family ties were strong and it was not at all uncommon for several generations of a family to live on the same street or even in the same building.

These two communities also have lower median family incomes and educational levels than the rest of the city. Social services are good in both communities. One section has physical and mental health centers, a community social center and a vigorous anti-poverty program. The other setting has a strong neighborhood health facility which provides general health care, dental work, mental health care, and referral to nearby hospitals. This section of the city also contains a little city hall, a community action program, and a community center.

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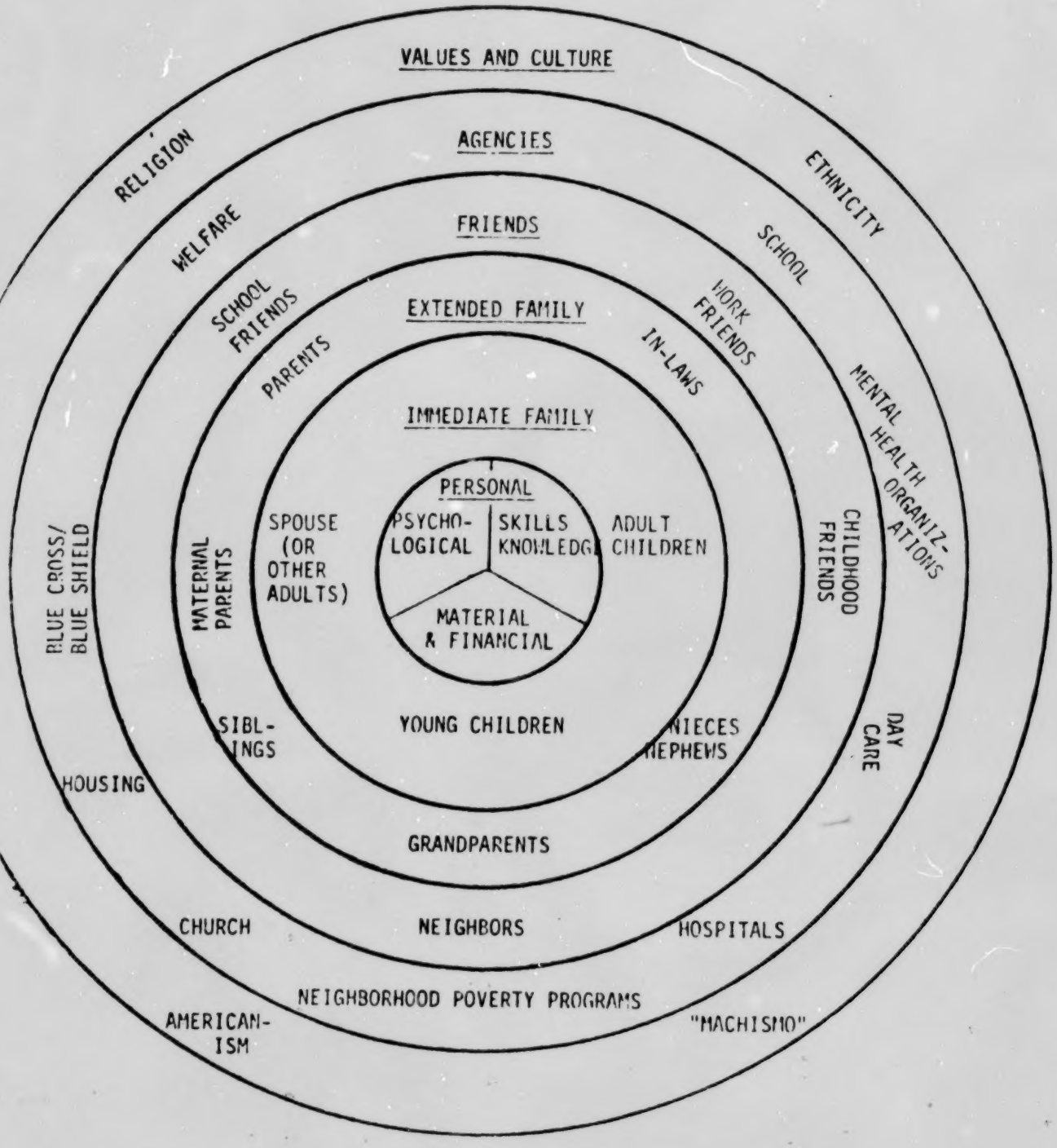

Figure 1 The Ecology of Family Functioning

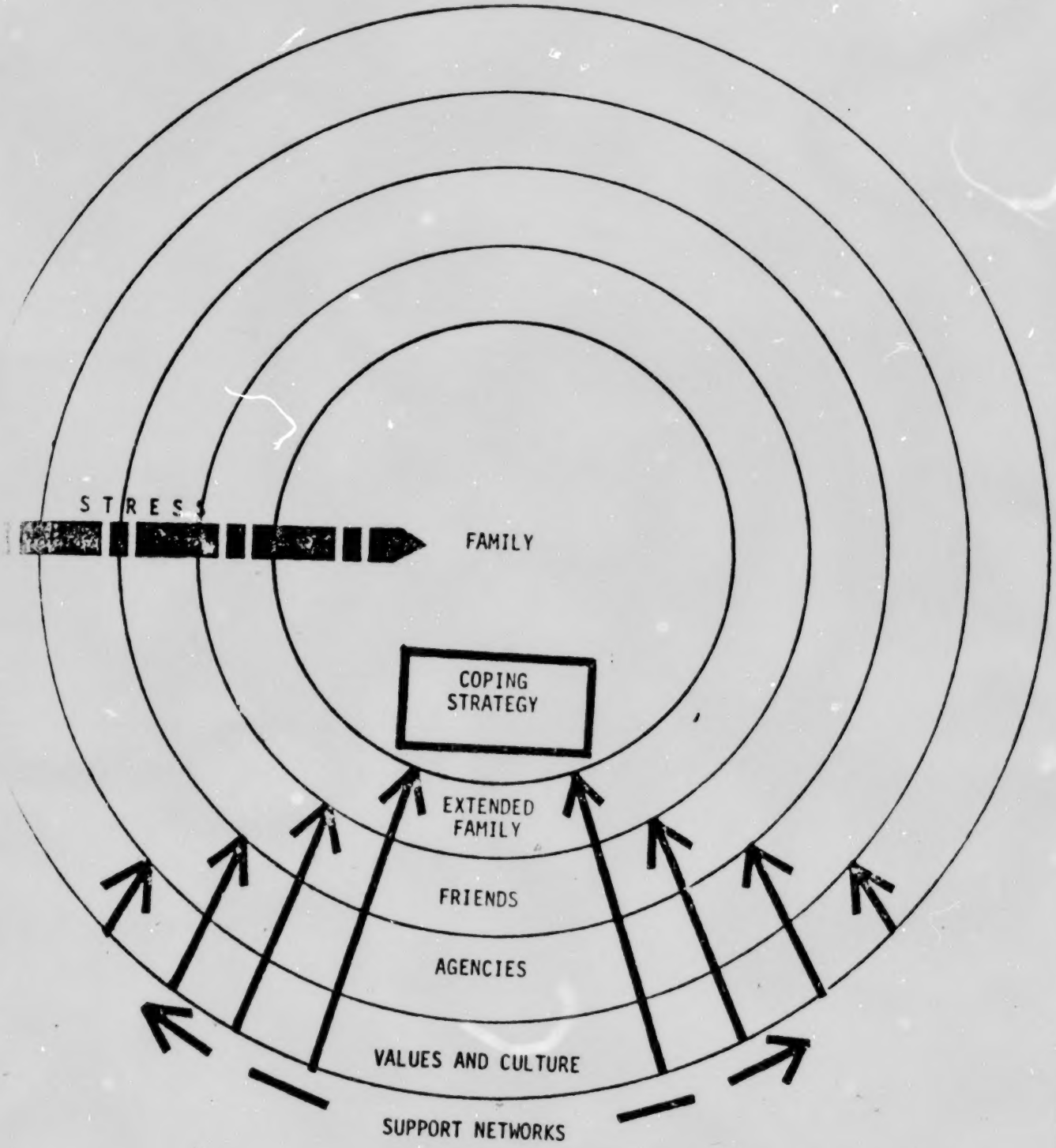

Figure 2 Process Model of Family Functioning

TABLE 3.1

NUMBER OF FAMILIES INTERVIEWED BY TYPE AND ETHNIC GROUP

Families with:	Puerto Rican	Italian
Young children and non-working mothers	9	8
Young children and working mothers	9	8
Elderly members	8	9
Physically handicapped children	9	0
Physically handicapped adults	6	5
Emotionally disturbed children	9	4
Emotionally disturbed adults	9	6
Children with legal difficulties	10	0
Adults with legal difficulties	9	4
Multi-problems	9	5
TOTAL	87	49

The Findings for the Spanish-speaking Families

In discussing the findings for the Puerto Rican families we will follow the conceptual model outlined in the previous paper. First we will describe the stresses created by the specific critical situations, then analyze the focal and non-focal person resources as well as the quality of husband-wife relationships and finally the coping strategies and support groups used will be discussed.

The major stresses for working mothers were child care problems, exhaustion from overwork and difficulty with coordinating different roles. The elderly were plagued with health problems, finding appropriate medical care, and home care. Physically handicapped children require appropriate school or child care placement, special equipment and physical facilities, and special parental handling. The physically handicapped adults need help meeting demands of daily living, gaining physical access to buildings, and support for the frustrations created by the limitations. Emotionally disturbed children produced guilt, anxiety over the child's future, and required behavior management. Emotionally disturbed adults produced a great deal of pain and unhappiness in their families. Delinquent children shocked and pained their families when the problem was discovered. They required constant vigilance from the parents. Adults with criminal problems cause severe family and marital disruption. The families with multi-problems suffered from a multiplicity of stresses outlined above.

The ten types of families differed in the extent to which husbands and wives possessed resources. The greatest psychological resources among the women were found in families with working mothers, physically handicapped adults, and children and adults with legal difficulties. The least amount

of resources were found among the multi-problem families, the families with elderly members, and emotionally disturbed children. The families had high personality resources, low identity, lacked knowledge of English and held low station jobs.

The best marital relationships were reported by working and non-working mothers with young children, and parents of emotionally disturbed children. Spousal relationships were poorest among families with physically handicapped children, adults with legal difficulties and multiple problems.

The styles of coping of the families differed. All families depended on the resources of the focol person to function. In six of the ten groups every family was dependent upon the support of social agencies. Many of the families depended on the resources of their extended and immediate family for support. There was an inverse relationship between the user of immediate and extended family resources; those who had enough support at home did not search for it outside and those who lacked internal support did. However, friends, cultural, and religious values were not strong components for these families' functioning.

The Support Systems of Hispanic Low Income Families

This paper focuses on the findings for the Hispanic families. The similarities and differences among the ten types of Hispanic families are examined. The paper is organized following the theoretical model of the ecological functioning of families outlined previously. First a description of the demographic characteristics of the sample is presented. This section is followed by a discussion of the stresses faced by each of the types of families.

An analysis of the personal resources of the wives and husbands is included next. The support system and coping strategies used by the families are described in detail in the following section. The chapter is finalized with a discussion of the barriers and attractions to human services use experienced by the Hispanic families.

Demographic Characteristics

In order to obtain a general description of the families their mean number of years of education and years in the United States and age for both husbands and wives were examined. This information is presented in Table 1. For the sample as a whole the mean number of years of education for the husbands was about six years and about seven and half for the wives. This was slightly lower than the average education for the mainland Puerto Rican which is 8.7 years of school.

It can be easily noted that the elderly tended to be far less educated than were the members of younger families. The husbands in

Table 1

Demographic Data by Husbands and Wives and Family Types

Type of Family	Husband			Wives		
	Mean Years of Education	Age	Yrs. in U.S.	Mean Years of Education	Age	Yrs. in U.S.
Young children and non-working mothers	7.42	36.43	8.67	9.0	33.25	9.33
Young children with working mothers	9.0	29.67	10.2	10.22	29.67	11.88
Elderly members	1.9	70.7	6.6	2.6	70.8	5.1
Physically handicapped children	7.4	48.0	17.3	7.7	39.2	13.0
Physically handicapped adults	4.0	65.0	7.5	5.7	56.0	8.0
Emotionally disturbed children	3.75	43.0	8.9	6.1	40.7	10.7
Emotionally disturbed adults	8.86	33.75	10.55	11.0	32.88	15.44
Children with Legal difficulties	6.3	43.0	11.5	8.9	41.3	11.2
Adults with legal difficulties	7.0	32.5	8.5	8.3	30.4	7.2
Multi-problems	3.75	44.6	12.14	6.2	41.88	11.11
Mean	5.94	44.65	10.86	7.57	41.61	10.48

families with an elderly member averaged less than two years of education while the wives in these elderly families averaged about two and half years of education. There was a strong negative association between the average age of people in a family type and the average educational level. For husbands this correlation was -.80 and for wives -.89.

Other family types with especially low levels of education were those with physically handicapped adults, emotionally disturbed children, and the multi-problem families. In these three family types, the husbands averaged around four years of education while the wives averaged around six.

The relatively well educated family types were those with young children, with and without working mothers, those with physically handicapped children, those with emotionally disturbed adults, and those with adults with legal problems. For these families the husbands averaged six to nine years of education, while the wives averaged nearly eight to eleven years The family types with the best educated members were those with working mothers and and young children and those with an emotionally disturbed adult.

The ages of the family types averaged from a low of 29 years for the families with young children and working mothers to about 70 years for families with elderly members.

There are some interesting relationships observable in this table. For example, comparing the families with young children, those with working wives tend to have both spouses at age 29.67 while with the non-working wife families, the husbands tend to be about 36 and the wives three years younger at 33. Thus where there is a working wife, she tends to be about the same age as the husband. In both types of families, the wife is better educated, but the educational level of the working wives is more than a year better than for the non-working wives.

The widest age discrepancies between husbands and wives is for the physically handicapped children families and the physically handicapped adult families. In these kinds of families, the husbands average about nine years older than the wives.

When we turn to the years in the U.S., it is very interesting to note that the families which average the fewest years in the U.S. are those with elderly members. Since the average age of these families is about 70 years and they have spent some five or six years in the U.S., it seems probable that many of these families came to the U.S. mainland <u>after</u> retiring from their jobs in Puerto Rico. They came to the U.S. mainland either to be near their children who had migrated some years earlier or to take care of health problems.

Stresses

The ten family types differed in the number and quality of the stresses they faced. Table 2 presents the major stresses by family type.

Child Care

The first two types, families of young children with a non-working mother and similar families with a working mother, differed from each other in that the latter was confronted with serious child care problems while the former was not. The working mothers worried about how the children would manage between the time they got back from school and the mother returned from work. Some had difficulty finding a child care facility and were forced to bring their children to their work place. Sometimes, even when there was a child care center available, problems arose there and they had to improvise another solution. Taking the child to and from the center was sometimes difficult and necessitated several bus changes. If the children were sick then the mothers had either to be absent from work or to find some relative to take care of the child. The mothers

TABLE 2

STRESSES BY FAMILY TYPE

Families With:	Stresses
Young children and non-working mothers	The mother: No child care problems.
Young children and working mothers	The mother: Child care problems. Exhaustion from overwork. Coordination of mother/housewife/ work roles.
Elderly members	The elderly member: Health problems. Obtaining appropriate medical care. Home care when bedridden. Transportation. Recreational needs.
Physically handicapped children	The parents: Drain on emotional and financial resources. Need for appropriate school or child care placement and respite care. Lack of special equipment and training in skills (such as sign language). Difficulty getting wheelchair access to buildings. Difficulty managing child's behavior. Feelings of guilt, shame, and responsibility for child's handicap.
Physically handicapped adults	The parents: Worry about future of handicapped member and distress that constant supervision may always be necessary. Difficulty moving wheelchair and getting access to buildings. Daily demands of cooking, cleaning, transportation, and shopping for handicapped person. Guilt feelings. The handicapped adult: Frustration at limitations.
Emotionally disturbed children	The parents: Emotional drain. Anxiety about child's future. Feelings of guilt and responsibility for causing child's problem. Behavior management problems. Siblings: Feelings of being burdened by sick sibling. Feelings of jealousy and lack of attention from parents

TABLE 2 (cont.)

STRESSES BY FAMILY TYPE

Emotionally disturbed adults	Spouse and children: Pain generated by living with emotionally disturbed person. The emotionally disturbed adult: Difficulty in coping with own problems.
Delinquent children	The parents: Shock and extreme pain over discovery of child's delinquency. Worry over future of child. Need for constant vigilance and supervision. Distrust of child.
Fathers/husbands with criminal problems	The wife: Severe marital disruption caused by absence of husband. Feelings of extreme shock, pain, and anger. Economic survival. Difficulties of raising children alone. The children: Feelings of depression over loss of father.
Multi-problems	The family: A combination of all the stresses specific to the problems.

who stayed home did not have these problems because one of their main role; was taking care of the children themselves.

The working mothers reported being more exhausted by the demands of working, mothering, and housekeeping than the full-time housewives. Working outside the home required a great deal of coordination and planning to accommodate the schedules of both parents and children. The energy demands on the working mothers were much greater.

Health Care

The families with an elderly member were greatly concerned about his health, obtaining appropriate medical care for him, and providing home care when he was sick. The elderly persons in this sample were all bothered by different illnesses, some of which were acute and others chronic. When they were sick they worried about dying, suffered from pain, and were not able to take care of themselves. At those particular times they needed good medical care, nursing, and transportation.

Special Needs Care

The families of both handicapped adults and children were burdened by having to take care of the afflicted member. The magnitude of the burden was affected by the degree of severity of the handicap - the more serious the handicap the greater the number of tasks the family had to perform for the special needs member. In the case of children, parents were worried and apprehensive about their future. They were concerned about whether the child would marry or not - and, if not, who would take care of the child after the parents died. The handicapped adults complained about the limitations and suffering that the physical difficulties brought. The family members felt tied down by the constant supervision and help needed by the handicapped child or adult. Their

lives centered around providing this care and there was not a great deal of room left for the development of their own interests. The handicapped adults, with the exception of those with low mental ability, were less burdensome because they could be relied upon more to take care of themselves. Some of the children and young adolescents were difficult to manage. They required special schooling and services that were not always easy to obtain. Physical mobility was difficult for some of the wheelchair-bound members.

Emotional Stresses

Emotionally Disturbed Family Members Families with emotionally disturbed adult members experienced more stress than those with children afflicted with emotional difficulties because the adults caused more disruption. Severely affected members - regardless of age - drained the emotional resources of the families. Parents of children with emotional problems were anxious about their children's future and worried about how responsible they were for their children's problems. They also experienced difficulties managing their children. Adults who were afflicted with adjustment problems complained of the suffering and ordeals generated by their problems.

Members with Legal Problems Similarly, families with a member in legal trouble experienced less stress when a child was involved than when an adult was involved. All these families suffered a great deal of pain and shock when they first learned of the legal difficulties incurred by the family member, young or adult. However, the secondary shock stress was greater when it involved the adult members than the children. Parents worried about the future of a delinquent child and were in constant

vigilance for fear that he might relapse or violate probation. Families with adults with legal problems were severely affected by the experience. Such criminal difficulties cut clean through the fabric of family life. Most of the families with fathers in trouble with the law suffered from severe marital stresses - often severe enough to terminate the marriage. The children became depressed because the father was gone. Many mothers were subsequently forced to get a job and consequently felt the triple burden of raising their children alone, working full time, and coping with difficulties concerning their spouses.

Of all the families described, those with multiple-problems carried the heaviest burdens. They suffered from two or more of the problems described previously with the result that they had to face two or more of the accompanying stresses at once. Many experienced serious difficulties in their marital relationships. In general, these families felt overwhelmed by the multiplicity of their problems.

Resources: Women (Focal)

Psychological

The ten types of families differed in the extent to which husbands and wives possessed resources. Table 3 presents the resources of the focal and non-focal person's by family type. The greatest psychological resources among the women were found in the families with working mothers, physically handicapped adults, and children and adults with legal difficulties. The least amount of psychological resources were found among the multi-problem families, the families with elderly members, and those with emotionally disturbed children.

Skills and Knowledge

In the area of skills and knowledge, the working women with young

TABLE 3

FOCAL - NON FOCAL PERSONS RESOURCES BY FAMILY TYPE

Families with:	Focal			Non-Focal		
	Psychological	Skills and Knowledge	Material and Financial	Psychological	Skills and Knowledge	Material and Financial
Young children and non-working mothers	21.14	10.29	16.43	22.00	11.00	14.22
Young children and working mothers	22.2	13.2	17.2	20.0	10.2	18.2
Elderly members	19.0	7.9	13.9	19.75	8.0	13.75
Physically handicapped children	19.67	10.89	13.78	21.0	10.02	15.8
Physically handicapped adults	22.9	8.6	13.6	23.0	9.0	13.0
Emotionally disturbed children	19.2	12.8	16.4	19.5	10.7	17.8
Emotionally disturbed adults	20.5	9.6	14.4	18.75	9.25	13.75
Delinquent children	22.7	11.0	17.6	21.6	11.0	18.0
Fathers/Husbands with criminal problems	21.8	10.3	15.9	19.0	10.0	15.4
Multi-problems	16.0	9.4	14.0	16.0	9.5	14.5

children had the highest rating. They were followed by women in families with children who had emotional problems and physically handicapped children. The lowest level of these resources were found among women in the families with elderly members, physically handicapped adults, emotionally disturbed adults and multiple problems.

Material and Financial

The highest levels of material and financial resources were reached by working and non-working mothers and women from families with legal difficulties and emotionally disturbed children. The lowest levels of material and financial resources were registered by women in families with physically handicapped adults and children, and elderly members.

Resources: Men (Non-focal)

Psychological

Among the men in the different families the highest psychological resources were possessed by those from families with adults and children with physical handicaps, children with legal difficulties, and non-working mothers with young children. The lowest levels were found among men in multi-problem families.

Skills and Knowledge

In the area of skills and knowledge, the highest scores were reported for men in families with non-working mothers and in those with children with legal difficulties. The lowest levels were found among elderly members and physically handicapped or emotionally disturbed adults.

Material and Financial

Material and financial resources were highest among fathers from families with young children and working mothers, children with legal difficulties, and emotionally disturbed children. Men from families

with elderly members and physically handicapped or emotionally disturbed adults were the least resourceful materially and financially.

In order to obtain a total picture of the resources within each group of families, the husbands and wives strengths in each realm were added. Table 4 presents the total amount of resources of the families in each of the groups. Examination of this table reveals that the most resourceful families were(in order):those with children with legal difficulties, working mothers and young children, emotionally disturbed children, and young children and non-working mothers. The least resourceful families were (in order): those with multi-problems, elderly members, and emotionally disturbed adults.

In conclusion, therefore, it appears that families afflicted with several problems at the same time and families with adults with problems tended to have fewer resources than those in which children had problems. This finding may be interpreted as meaning that children's do not affect families as strongly as adult's difficulties, children are less resourceful than adults and therefore their contributions were missed less when it was absent. Another possible explanation is age- people who were older tended to be less educated, held jobs with less prestige, and were less knowledgeable.

TABLE 4

TOTAL RESOURCES BY FAMILY TYPES

Type of Family	Level of Resources	Ranking
Young children and non-working mothers	95.08	(4)
Young children and working mothers	101.00	(2)
Elderly members	82.3	(9)
Physically handicapped children	91.16	(6)
Physically handicapped adults	90.1	(7)
Emotionally disturbed children	96.4	(3)
Emotionally disturbed adults	86.25	(8)
Delinquent children	101.9	(1)
Fathers/Husbands with criminal problems	92.4	(5)
Multi-problems	79.8	(10)

The Support System of Puerto Rican Families

One of the main purposes of this study was to determine the nature and functioning of the support system of Puerto Rican families who were under stress relating to low income and one or more of the other types of stress defined by the sampling plan of the study.

Many of the families who participated in this study lived in the center of the Puerto Rican community on an Eastern city. Over the years, this neighborhood has developed myriads of social, health, educational and welfare agencies. Many of these agencies are staffed by bilingual personnel, and hispanics have become a significant proportion of the personnel of these agencies. Thus support from agencies was easily accessible. What about family resources?

In order to determine the nature of the ecological distribution of the relatives of our families, we asked questions regarding how many relatives they had and where these relatives were located. Table 5 presents the mean number of relatives reported as living in Massachusetts by the families. The mean number of relatives in the state for the total group was 5.31, including the head of the household. This number, multiplied by the average family size of four members would give a total of around 20 people related to a typical Puerto Rican family living within the Boston area. This is a substantial number, especially when one considers that these families are mostly composed of first generation migrants.

Thus Puerto Rican families in Boston have available for their support a substantial number of relatives.

Our participants were surrounded by many agencies, many family members, and other native Puerto Ricans. Who did they turn to for help? Table 6 presents a breakdown of the different types of people who assisted our families in a variety of situations.

Table 5

Family Types and Number of Relative Living in the Boston Area

Type of Family	Number of Relatives
Non-working mother with young children	5.5
Working mother with young children	5.7
With elderly members	5.3
Handicapped children	4.2
Handicapped adults	7.8
Emotionally disturbed children	4.2
Emotionally disturbed adults	4.1
Delinquent children	5.9
Adults with criminal problems	5.7
Multi-problems	4.7
Mean	5.31

Table 6

Sources of Support for Different Situations - Total Sample

Situations	Support Source: Immediate Family	Extended Family	Friends, Neighbors	Social Agencies	Values Religion	TOTAL
If you were feeling sad or unhappy	18 (20%)	37 (41%)	16 (18%)	15 (17%)	4 (4%)	90 (100%)
If you were having trouble making up your mind or needing some personal advice	16 (16%)	40 (41%)	6 (6%)	30 (31%)	5 (5%)	97 (100%)
If you wanted to have some fun	44 (43%)	48 (47%)	9 (9%)	0 (0%)	1 (1%)	102 (100%)
If you were feeling lonely	20 (56%)	15 (42%)	0 (0%)	0 (0%)	1 (3%)	36 (100%)
If something positive happended	33 (34%)	56 (57%)	2 (2%)	5 (5%)	2 (2%)	98 (100%)
If you had problems with relatives	6 (10%)	15 (24%)	8 (13%)	28 (45%)	5 (8%)	62 (100%)
If you had a problem at work	2 (29%)	1 (14%)	0 (0%)	4 (57%)	0 (0%)	7 (100%)
If you were unhappy with a government agency	0 (0%)	1 (3%)	0 (0%)	31 (97%)	0 (0%)	32 (100%)
If you had problems with health	2 (2%)	2 (2%)	4 (5%)	80 (91%)	0 (0%)	88 (100%)

The families tended to use agency personnel and their immediate and extended family to almost the same extent. However neighbors and friends were used much less frequently. Agency personnel, consisting of social workers, psychologists, and psychiatrists, tended to be used mostly in problem situations such as when the person was having trouble making up their minds or needed advice. Other times when agency personnel tended to be used were when the person was unhappy or sad, or when they had troubles with relatives or with their health.

In contrast, immediate and extended family tended to be used relatively more often when the person wanted to have some fun or if something positive happened to them.

The families interviewed reported very few problems dealing with work or with government agencies.

To ascertain whether the support systems used by these families changed with the passage of time and their gradual adaptation to American culture, an analysis of the families by years of residence in the United States mainland was undertaken. The data on pattern of support by years of residence is given in Table 7. The categories used were: less than eight years; eight to eleven years; and twelve years or more.

Examination of this data reveals a surprising stability for the support systems utilized. Most families depended greatly on the extended family, agencies, and their own immediate family.

The families who had been on the mainland less time (seven years or less) tended to rely on their extended family more than did the families who had been here longer. Similarly, families who were more established in their American urban community tended to use more their friends and neighbors than did their less established counterparts. But even these families did not rely greatly on friends and neighbors for support.

Table 7

Support System by Years of Residence in the United States

Years of Residence	Number of Families	Support Sources: Immediate Family	Extended Family	Friends, Neighbors	Social Agencies	Values, Religion	TOTAL
Seven or Less	29	52 (23%)	91 (41%)	12 (5%)	65 (29%)	3 (1%)	223
Eight to Eleven	30	53 (25%)	73 (35%)	14 (7%)	70 (33%)	5 (2%)	210
Twelve or More	30	52 (23%)	72 (32%)	24 (11%)	66 (29%)	11 (5%)	225

Note. - These values are calculated by counting the responses of each family to a series of nine problems, each one the person responded with the name or identification of a person or agency from whom they would seek help. Not all families responded to all the items, thus the total number of sources is less than the maximum possible number of number of families times nine.

Of the 88 families in this part of the study there were 40 which were more or less conventional two-parent families and 48 which were one-parent families. In some cases, these one-parent families were living with siblings or other relatives. Table 8 gives the sources of support differentiated by type of family. In this table we present the sources of support for each problem separately as well as for them all together since the patterns of support differ so greatly by type of problem.

For all problems taken together, at the bottom of the table, it can be seen that some 39 percent of the support is obtained from the immediate family when there are two parents present, but only 9 percent when the family has only one parent. Thus the presence of a spouse makes a considerable difference, essentially quadrupling the amount of support which can be obtained from the immediate family. The one-parent families make up much of the slack by turning to their extended families. Thus almost twice as much support is obtained from the extended family for the single parent (39%) as for the two-parent family (21%). Friends and neighbors are relied upon equally by the two types of families (7%each). The social agencies make up the rest of the slack for the single parent households, with the single parents seeking 41 percent of their support from the agencies while the two parents seek only 31 percent of their support from agencies.

Turning now to the more detailed types of problems, the largest difference between the two family types comes when the situation was "If you wanted to have some fun" where 19 percent of the single parent households look to their immediate family while 71 percent of the two-parent families do. Again the extended family makes up most of the support not available from the immediate family.

In general then, the results follow our model, with families seeking support further out the ecological scale as central resources are not available.

Table 8

Sources of Support for One and Two Parent Families

Situations	Immediate Family ONE	Immediate Family TWO	Extended Family ONE	Extended Family TWO	Friends, Neighbors ONE	Friends, Neighbors TWO	Social Agencies ONE	Social Agencies TWO	Values Religion ONE	Values Religion TWO	TOTAL ONE	TOTAL TWO
If you were feeling sad or unhappy	5 (10%)	13 (33%)	27 (54%)	10 (25%)	7 (14%)	9 (23%)	9 (18%)	6 (15%)	2 (4%)	2 (5%)	50 (100%)	40 (100%)
If you were having trouble making up your mind or needed some personal advice	2 (3%)	14 (36%)	31 (53%)	9 (23%)	4 (7%)	2 (5%)	17 (29%)	13 (33%)	4 (7%)	1 (3%)	58 (100%)	39 (100%)
If you wanted to have some fun	10 (19%)	34 (71%)	36 (67%)	12 (25%)	7 (13%)	2 (4%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	54 (100%)	48 (100%)
If you were feeling lonely	4 (29%)	16 (73%)	9 (64%)	6 (27%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	14 (100%)	22 (100%)
If something positive happened	15 (26%)	28 (55%)	39 (68%)	17 (33%)	2 (4%)	0 (0%)	0 (0%)	5 (9%)	1 (2%)	1 (2%)	57 (100%)	51 (100%)
If you had problems with relatives	1 (3%)	5 (17%)	8 (25%)	7 (23%)	2 (6%)	6 (20%)	17 (53%)	11 (37%)	4 (13%)	1 (3%)	32 (100%	30 100%)
If you had a problem at work	0 (0%)	2 (33%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (67%)	0 (0%)	0 (0%)	1 (100%	6 100%)
If you were unhappy with a government agency	0 (0%)	0 (0%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	18 (100%)	13 (93%)	0 (0%)	0 (0%)	18 (100%	14 100%)
If you had problems with health	0 (0%)	2 (5%)	2 (5%)	0 (0%)	4 (10%)	0 (0%)	42 (95%)	38 (95%)	0 (0%)	0 (0%)	44 (100%	40 100%)

Across Situations	Immediate Family	Extended Family	Friends, Neighbors	Social Agencies	Values, Religion	TOTAL
Single Parent Families N = 48	37 (9%)	154 (39%)	26(7%)	163(41%)	13(3%)	393 (100%)
Two Parent Families N = 40	114 (39%)	61 (21%)	19(7%)	90 (31%)	5(2%)	289(100%)

Table 9

Sources of Support by Area of Residence

Area of Residence	Support Sources: Immediate Family	Extended Family	Friends, Neighbors	Social Agencies	Values Religion	TOTAL
Heavily Hispanic Area (53 families)	82 (19%)	145 (33%)	31 (7%)	166 (38%)	15 (3%)	439 (100%)
Medium Density of Hispanics (34 families)	74 (27%)	91 (34%)	20 (7%)	82 (30%)	4 (1%)	271 (100%)

We also examined the effect on the type of support system of living in a very heavily Hispanic area where bilingual social, educational, and welfare agencies abounded as opposed to living in several areas populated by a variety of other, non-Hispanic people. As Table 9 illustrates, there was relatively little difference between the two areas in terms of their support systems. However those families who live in the less Hispanic areas were considerably more involved with their own immediate family (27%) as compared to those families living in the heavily Hispanic area (19%). On the other hand, in the heavily Hispanic area, where the agencies are very responsive to Hispanic needs and staffed heavily by Hispanics, agency support is more important (38%) than it is in the less Hispanic oriented areas (30%).

Coping Strategies

The styles of coping utilized by the different families are summarized in Table 10. Examination of the table reveals that all the families depended on the resources of the focal person. In six of the groups, every family was dependent on agency support. These groups were families with elderly members, children and adults with physical handicaps, adults with emotional problems, children with legal difficulties, and multi-problem families. These families depended on social security or disability income for economic survival and on social service or church agencies for social, psychological, or educational services. Many of the families depended on the resources of their extended and immediate family for support. There was an inverse relationship between the use of immediate and extended family resources: those who had enough support at home did not search for it outside, and those who lacked internal support did. However, friends and cultural and religious values were not strong components of these families' functioning.

TABLE 10

COPING STRATEGIES BY FAMILY TYPES

Percent of Families Using this Resource

Families With	Personal	Immediate Family	Extended Family	Friends	Agencies	Cultural Values
Young children and non-working mothers	100	88	66	22	44	22
Young children and working mothers	100	100	44	67	67	33
Elderly members	100	55	77	11	100	22
Physically handicapped children	100	66	55	44	100	11
Physically handicapped adults	100	50	100	0	100	16
Emotionally disturbed children	100	89	78	33	89	33
Emotionaly disturbed adults	100	55	89	11	100	44
Delinquent children	100	77	77	22	100	44
Fathers/Husbands with criminal problems	100	44	66	55	78	11
Multi-problems	100	66	66	11	100	44

TABLE 11

QUALITY OF MARITAL RELATIONSHIPS BY FAMILY TYPES

Families With:	Quality of Marital Relationship			
	Good	Poor	Divorced or Widowed	No Answer
Young children and non-working mothers	6	3		
Young children and working mothers	5	2	2	
Elderly members	3			5
Physically handicapped children	1	8		
Physically handicapped adults *	1	1	4	
Emotionally disturbed children	5	4		
Emotionally disturbed adults	3	4	2	
Delinquent children	3	5	1	
Fathers/husbands with criminal problems	2	7		
Multi-problems	1	8		

* Only six families were interviewed

The devastating effects of legal difficulties on the spousal system were unexpected. It seemed that many forces contributed to the powerfully destructive impact that such difficulties had on these families. Among the forces were: the anger of the wives at the husbands for having violated the law; the negative social sanctions directed at law breakers; the total absence of the father from the household; the inability of the husband to contribute to the economic survival of the family; the forcing of the wife into the job market to earn a living to support the family; the difficulties encountered by a wife trying to play both the father and mother role; and the depressing conditions of prisons in which husbands were incarcerated made visits and communication between husband and wife even more trying.

The poor husband-wife relationships prevalent among the multi-problem families were to be expected. The multiplicity of problems was sometimes the cause and sometimes the effect of marital strife.

External Attractions to Service Utilization

In order to ascertain the factors that attracted Puerto Ricans to use different services, the respondents were given names of different agencies that served their areas and asked what they thought about them. The results of the analysis of these questions are presented in Table 12.

The most attractive factor for Puerto Ricans is the availability of bilingual personnel or interpreters. Puerto Ricans want to be served in their own language. Furthermore, they also want to be taken care of by people who understand their own culture.

The second most cited feature is warm, pleasant, caring, and attentive treatment. This factor is almost as powerful as the desire to be served in their own language and is intricately related to it. Puerto Ricans want to be treated with the kindness, courtesty, informality, and warmth which characterize social relations within their own culture. The formal,cold, and official treatment given by some agency personnel alienates them. These interpersonal relationship qualities are usually linked with the presence of a bilingual staff and the availability of interpreters.

Regardless of setting, services which are delivered competently are a key issue. Excellent service was interpreted as housing agencies which managed their properties well, employment agencies which found jobs for their clients, social workers who helped alleviate psychological difficulties, and schools which provided individually designed programs. A feature of health care which is attractive to the Hispanic families

is good doctors who deliver high quality, up-to-date medical care. The availability of many specialists in a medical facility is another important magnet.

Agencies which are within walking distance or easily accessible by bus are preferred by the clients. Many of the families interviewed did not own cars and were dependent on relatives with cars or public transportation.

Three other factors were mentioned less frequently by the participants: a strong interest on the part of the agency in helping a client, financial accessibility, and convenient services. The respondents spoke well of agencies which they felt worked hard to serve their clients. Institutions which impressed them as trying to do everything possible to help them solve their problems were highly appreciated. Most of the agencies mentioned as possessing this quality were staffed with bilingual personnel or had interpreters available.

The financial accessiblity of an agency depended on flexibility in billing the client - i.e., sliding scale, Medicaid, etc. The respondents cited one agency which offered free service when the clients could not afford to pay. This agency was a community-owned private agency dedicated to the service of low income clients, especially the Spanish-speaking.

Convenience of service was deeply appreciated by many of the participants. The families preferred agencies which were open all hours of the day (especially evenings), and all days of the week, which did not demand an appointment, and where they did not have to wait an inordinate amount of time to be served.

External Barriers to Service Utilization

The barriers to the use of services mentioned by the clients are presented in Table 13 The barriers listed were: unavailability of bilingual personnel or interpreters; cold, discourteous, and insensitive treatment; incompetent delivery of services; services that were distant or hard to get to by public transportation; inconvenience of service delivery; lack of confidentiality; and racism. All but two of the barriers mentioned had counterparts among the attractions. The two barriers that did not have complements were lack of confidentiality and racism. The criticism of lack of privacy was directed mostly at the bilingual staffed agencies. Many of the participants felt that when the agencies were populated by people from the same ethnic group they tended to discuss the client's problems outside the agency or to discuss them publicly within the agency. Some of the participants also disliked being seen waiting for services because they feared that people would inform others and they would be thought of as abnormal or unable to cope with their own problems.

Four participants complained about racist remarks made to them by community agencies, specifically police and welfare workers. The participants resented the remarks of welfare workers accusing Puerto Ricans of "all being lazy and living on welfare," and the lack of cooperation and understanding of some of the police when family members got into trouble.

Internal Barriers and Attractions to Service Utilization

In the preceding pages, structural and process variables facilitating or impeding agency use were discussed. This section concentrates

on those barriers and attractions which come from within the individual but which may express personal, social or cultural influences. Among the personal barriers to agency use were the respondent's unassertiveness, poor transportation skills, poor knowledge of English, lack of knowledge about the availability and nature of services, inability or unwillingness to recognize that a problem exists, and many others. Other barriers have roots in social class issues. Some participants did not want to use services frequented by other community members, such as drug addicts, who were considered "undesirable." On the other hand, some participants of low social status did not apply for certain services because they felt they could only receive them if they had "pull" or were part of the "in" group.

Certain cultural norms served as both attractions and barriers. Puerto Ricans are used to receiving support from their own families. Former mental health services are a new phenomenon for most of them. The closest associations to mental health specialists for them are priests and "espiritistas" (spiritualists). Thus, many Puerto Ricans are reluctant to go to strangers outside the family circle for help.

By the same token, Puerto Ricans tend to be affiliative and collaborative, and are considerably less individualistic and intent on being self-reliant than the average Anglo. This cultural pattern allows the individual to seek help without feeling embarrassed. Mental health practitioners can capitalize on this readiness to accept help and on the ingrained cultural pattern of talking to family members about problems. In fact, many of the participants in the study had

seen or were seeing mental health professionals. There was more acceptance of the use of formal mental health services among the young than among the older respondents or family members. They enjoyed the opportunity to talk and obtain someone else's point of view. However, some of the women had very strong feelings against helpers who, they felt, were mostly interested in prescribing medication.

This culturally sanctioned willingness to seek and accept help is sometimes carried to an extreme where it becomes counter-productive. For instance, one of the women who had severe mental health problems was almost totally dependent on community institutions for her support. She was constantly being hospitalized and the community agencies were in charge of taking her to the hospital every time it was necessary. Her large extended family did not participate in any part of her care and depended on the agencies and institutions to provide for her welfare. Her relatives were too comfortable in their reliance on institutions to perform duties which were well within their realm of competence and responsibility. It would have been more beneficial and less costly for this woman to have been supported and cared for by her own family, instead of depending completely on agency and institutional services.

Knowledge of Community Resources

Most of the families interviewed knew several community agencies from which they could receive services. The mean number of service agencies known was 6.68. Table 14 presents the different types of

TABLE 14

KNOWLEDGE OF COMMUNITY AGENCIES BY FAMILY GROUPS (PUERTO RICAN)

Families with:	Number of Agencies Known (Mean Score)
Young children and non-working mothers	7.77
Young children and working mothers	8.33
Elderly members	4.63
Adults with physical handicaps	6.13
Children with physical handicaps	6.33
Adults with emotional handicaps	6.88
Children with emotional handicaps	6.55
Adults in the criminal justice system	7.67
Children in the criminal justice system	6.60
Multiple problems	5.88

families and their degree of knowledge of community agencies. Among the different families, those who knew the greatest number of agencies were those with: young children and working mothers, young children and non-working mothers, and adults with legal difficulties. The least knowledgeable of the groups were families with elderly members. This last finding was probably due to the fact that the members of this group had been in this country a shorter time than the others and were the least educated.

In summary the participant families knew about the nature and extent of services offered by most of the community service agencies that were important to their survival. Agencies that offered bilingual or interpreter services were better known as were agencies located near respondents. When two agencies offering the same services were located at about the same distance, the bilingual-bicultural alternative was preferred.

Attitudes Toward Institutionalization

Attitudes of Puerto Ricans towards institutionalizing their relatives with difficult problems were explored. The participants were asked how would they manage a relative who was mentally ill, an elderly relative, and a delinquent child. Many of the families favored institutionalization as a solution to the problems of a mentally ill person. These persons interpreted "mentally ill" to mean that a person had severe psychological problems. The respondents' feelings were that if family members became too aggressive, hard to control, seriously ill, or if they themselves felt worn out and unable to handle the situation, they would hospitalize the disturbed person. Almost all the participants felt that good psychiatric and medical treatment would greatly alleviate the load of families with emotionally disturbed members. There was an underlying belief that mental illness could be cured in the same way as physical illness. However, they also felt that seeking medical treatment did not relieve the family from the responsibility of caring for, loving, and accepting the disturbed member.

When we asked about delinquent children, few participants said they favored institutionalization. Only eight of the respondents suggested this avenue to solve the problems of delinquent youth. Several of the mothers with delinquent children commented that their relatives had recommended institutionalization but they had rejected their suggestions. The general feeling of the group was that when adolescents experienced difficulties with the law, what they needed most was emotional support, counseling, a job or an educational placement, and constant supervision.

As far as the elderly were concerned, the participants overwhelmingly supported keeping them at home. Most of the participants felt that putting an elderly member in a institution was tantamount to giving them a "death sentence." They favored hospitalization only when the elderly person was seriously ill. There was a consistent implication that what the elderly person needed was love, care, attention, and tolerance.

POLICY IMPLICATIONS

In this paper we examine the implications of our findings for policy makers. We will start with the importance of our main findings about the amount and sources of support for these low-income families and the implications of these support strengthes for policy making.

We will then present policy recommendations for agencies dealing with Puerto Rican families in general and then by specific family types among Puerto Ricans.

The next section will give general recommendations for the agencies dealing with low income Italian families in general, and then recommendations specific by family types among the Italians.

POLICY IMPLICATIONS OF SUPPORT STRENGTHS

Personal Strengths

We have been impressed, as would anyone who reads the case histories, with the amazing amount of personal capacity for coping exhibited by many of these families. While many, especially those Puerto Rican or Italian people who lived most of their lives in their home areas befor coming to the continental United States, had poor educations - they were still coping quite well. Many were quite ambitious, if not for themselved, for their children. Many were seeking to further their own education and many were upgrading their occupational skills. Further, the ability of many of these people, despite their problems,

to cope year after year with the burdens of personal care of disabled family members was especially impressive. Despite what could have been disabling psychological problems, most of the families we saw were coping quite well.

Immediate and Extended Family

After the personal coping strengths, by far the most important source of support for these families were the resources available through the family system itself. In particular, the women relatives seemed to be able to support each other and to provide many necessary services as well as advice and psychological support. Furthermore, we were surprised and we think that most readers will be, at the large number of relatives which were available nearby and willing to help families of both ethnic groups. These families were not alone. They were part of extended kinship networks which really were important for the coping of the families.

Friends and Neighbors and Community Agencies

Especially in one of the Puerto Rican and also in one of the Italian neighborhoods, very powerful ethnic neighborhood organizations existed. In many cases these organizations provided housing, health care, and often had a significant effect on the education available to these families.

Policy Implications

With these findings in mind, we can now make several recommendations for policy. First, public officials should attempt to allow these natural support systems to operate. Second they should encourage them as much as possible. Third, where these natural support systems are weakest, then public policies need to be designed to fill the gap.

Since there is considerable ambition, and desire for self-improvement among these people, adult education and cultural opportunities need to be made available. By far the most important is adult education programs in English, both reading and writing. Many of the adults find that learning acceptable English is the single most difficult aspect of life in the United States. We recommend that an expansion of the adult education efforts be made, but with an effort to make the offerings tailored to the needs of these populations. For example, mothers burdened by child-care responsibilities, have great difficulties in getting out to a central location. Television courses, tied in with an ethnic or neighborhood based small group follow-up program could be quite effective in allowing mothers to improve their personal strengths.

In the immediate family area, public housing should make provision for the fact that in both ethnic groups the extended family is a significant source of strength and indeed a significant component of their lives. Thus public housing authorities should be amenable to applications from relatives of their current tenants, and to accepting applications from several members of a family. Thus attempts should be made to provide apartments for sisters, each with their own children, who wish to live near each other. Parents and their adult children should be allowed to live near each other in public housing wherever possible.

Of particular concern is the situation among the Puerto Ricans of incarcerated men. We found that in all but exceptional cases, the wives of these men planned or had divorced them. This not only leaves the wives and their children to fend for themselves alone,

but cuts these men off from the restaints which being a husband and father in a community may imply for future criminal behavior. In our opinion, special programs are needed to strengthen the family bonds, and to save those marriages which can be saved of incarcerated Puerto Rican men. We suggest that special counseling programs for the wives be instituted when a man is first brought under the control of the criminal justice system. Second we recommend that family visit privileges and home leave provisions be used as much as possible to help maintain and strengthen these family ties.

Schools in particular should be very aware of the importance of the immediate and extended family and with the resources which such families can bring to bear to help with problems. We would suggest that any of the Individual Educational Plans developed for children through PL 94-142 and similar state laws, specifically attempt to involve the parents and other family members not only in approving such plans, but also in the treatment program. American society has a tendency to see people as individuals, and only secondarily as members of families. However among these Puerto Rican and Italian families, these extended families are really quite important and can be very helpful.

The support systems seem to be weakest in the area of financial support. It is here that the policy makers need to make the greatest efforts to support the families in need. However, the provisions of financial support need to take into account the immediate and extended families and not to have policies which drive the families apart. For example, providing small financial assistance to a family which is maintaining a retarded person at home is far preferable to insisting that the state provide such service only in an institution. Supporting

the family who is trying to keep a family member from being institutionaliz by giving them a small subsidy or payment for care-giving services can really make a difference in whether or not such families will be able to cope with the needs of their special needs or elderly member.

Other examples of letting the natural support systems work are the police officer or youth services officer who visits and attempts to enlist the aid of the parents of a child who is involved in criminal activity. Often the police and other officials know which children are involved even if they do not have sufficient evidence to convict the child. By involving the parents and other relatives early, the child may be turned away from criminal activities without having to be convicted and institutionalized. However, such assistance from families may require supporting the families with knowledge or educational programs about child-care or how to cope with rebellious children.

Often school officials are the first to recognize problems, especiall with excessive absenteeism or behavior problems at school. They could have a program of early involvement of the family, which would use and at the same time strengthen the family support systems.

In brief then, our recommendations are for policy makers to recognize the importance and strengths of families; to incorporate the involvement and use of these family support networks in assisting families with problems; and to be aware of and try to change policies which weaken the family support networks.

Puerto Rican Families

General Policy Recommendations

We found the Puerto Rican families, in general, tend to be poorly educated, lacking in English language skills, and suffering from serious unemployment. Some families also had serious housing and transportation needs. We recommend that:

- programs be developed to augment the educational level and English competency for the adult Puerto Rican population. Increased educational skills will improve their employment opportunities and their participation in the education of their children.

- programs be developed to increase the employability of Spanish-speaking adults, especially the males. Participants in families with unemployed husbands were less satisfied with their marriages and the families were less integrated. Unemployed males, especially the young, do not have other culturally defined roles and are left wandering in search of legitimate activities. The Puerto Rican role definition of "husband" or "father" is for the most part restricted to playing the provider role.

- programs be developed to provide good housing for low income Puerto Rican families. Good housing diluted the force of the many problems these families faced. Especially commendable and worth imitating are housing agencies and developments owned and managed by the minorities themselves.

- programs be developed to provide more transportation. Transportation needs were strong among the elderly, women who worked, and women who stayed home and with young children, and many others. Transportation arrangements which are faster and more flexible than buses are greatly needed. Social,

health, and educational agencies which provide transportation are good examples of transportation arrangements which are responsive to the needs of the population.

One of the most significant findings of this study was the strong need and preference among the families to be served by bilingual bicultural personnel. Therefore we recommend that:

- o agencies serving areas containing Spanish-speaking populations should have on their staff bilingual-bicultural personnel.

Another attractive feature of agencies for these families was the presence of warm, caring, attentive personnel who made the families feel comfortable and eager to use the services. This need for warmth is one of the many Puerto-Rican socio-cultural patterns which have ramifications for service delivery and which need to be explained to non-Spanish -speaking agency personnel. Therefore we recommend that:

- o agency personnel be made aware of the socio-cultural patter of Spanish-speaking groups which affect the delivery of physical and mental health, schooling, and housing services

Although the Spanish-speaking were in general knowledgeable abou the different services available, they did not understand fully the agency policies, the nature of their own afflictions, and the nature o the services offered. Thus, we recommend that:

- o social, educational, and community agencies educate their Spanish-speaking clientele about the nature of their servic the problems they treat, how they try to remediate these problems and the long term effects of these problems.

Because of their low educational level, lack of competence in English, and lack of knowledge of American culture, Puerto Ricans are in great need of advocacy services. We therefore recommend that:

- o advocacy services be established for Spanish-speaking

families facing different problems to inform them of all the services available and to help them secure the services whenever appropriate.

Because many of the Spanish-speaking families do not own their own cars, the geographic location of services is important. We recommend that:

- services geared toward the Spanish-speaking population be located within easy access of most of the population by foot or by bus. Services which have to be located far away should offer their own transportation service.

Another strong attraction to agency services for the Spanish-speaking families is their financial feasibility. We recommend that:

- services for the Spanish-speaking families be offered through Medicaid or Medical Insurance, on a sliding scale, and even free for indigent families.

Participants strongly endorsed services that were offered at convenient times. In light of this need, we recommend that:

- services be offered at times convenient for the specific populations, if possible, all hours of the day (especially evenings), all days of the week, without the need for an appointment, and without unreasonable waiting times.

Specific Policy Recommendations by Family Type

Families with Young Children and Working Mothers The flexibility of the services should include the availability of transportation to and from the center at hours convenient to the working schedules of the mothers. The services should also be open to children of different ages, especially after school hours and during holidays to accommodate older siblings. The hours of operation should be responsive to the working hours of the wage earners of the family.

Child care services should be available to all working mothers on a sliding fee schedule. Families who are low income but not receiving

Welfare benefits should be given special financial consideration. The services should be oriented towards educating and preparing the children for entrance into the schools and for coping with American society. Educational services should be bilingual and bicultural, preparing the children to enter English-speaking schools while maintaining their cultural identity. Table 24.4 contains a summary of all recommendations.

To relieve some of the difficulties produced by the differences in schedules between parents and children and the anxiety experienced by mothers who cannot find someone to stay with the children, flexible working hours are proposed. In this way mothers and fathers could harmonize their schedules to be consistent with those of their children. Part time jobs would also alleviate these problems.

- Low income Spanish-speaking mothers who work need flexible, economically feasible, educationally oriented, bilingual and bicultural child care services. The services should take into account the total family and not just the child or children enrolled.

Families with Elderly Members

- The elderly participants were in great need of information about the quality and availability of medical care. Furthermore, because of their poor knowledge of English and low educational level, bilingual personnel or interpreters need to be provided from them.

Families with Physically Handicapped Children Most of the families interviewed had serious housing needs. This need was serious for some of the small families and severe for all the big families. Most participants wanted to give each child - or least children of the same sex - a room of his own. When children were confined to a wheelchair this need was compounded. In these cases they not only needed more rooms but

rooms large enough to allow maneuvering a wheelchair. They also needed ramps to get in and out of their apartment buildings.

- Families of handicapped children require housing appropriate to their needs.

The families interviewed were in sore need of information. They did not understand well the difficulties their children were encountering, the causes of their problems, the programs the school had designed for them, the future prospects of their children, their right as parents under new legislation, what they could do to help their childre and many other issues.

- Families of handicapped children need information about the nature of the disability affecting their children, the remediation strategies available, their rights as parents, and the role they can play in helping their children.

Most of the families interviewed wished they had a person they could consult about child management techniques. They felt helpless and did not know how to handle their children. These families could profit from guidance in many areas, among them : how to help a low-ability child gain independence, how to handle the emergence of sexuality in a handicapped child, how to handle meaningful interaction among family and friends when the child has no language skills, among others.

- Families of handicapped children need help in learning how to manage their children's special conditions.

Many of these families needed services that they could not obtain within their immediate or extended family. There were no clinical nurseries or child care facilities where the mother of a young severely handicapped child could leave the child for a few hours during the day. Mothers of school age children wished there were some after school

activities that their children could attend. The mothers of handicapped children aged sixteen and older felt that if their child had a job, their own problems - and those of the child - could be greatly alleviated. The consensus obtained from all the mothers was that in general they could take care of their children for part of the day, but having constant and total responsibility was a difficult job.

- Families of handicapped children need supportive day care services such as clinical nurseries, child care, after school care, sheltered work, and others which could alleviate their parental burden.

Families with Physically Handicapped Adults Physically handicapped adults interviewed needed a bilingual or Spanish-speaking person to help them manage their lives by performing such activities as cooking, cleaning, shopping, banking, running errands, and providing health care and transportation. They also required physically convenient facilities such as big apartments, where they could move easily in their wheelchairs, and ramps for access to the buildings. The family members who took care of the physically handicapped adults, especially parents taking care of their young adult children, needed respite care and the assurance that someone would look after their children when they died. It was essential for the handicapped adults to obtain job training and employment suited to their capacities. Physically handicapped adults need:

- a person to help them manage their day-to-day living activities,
- physically appropriate living quarters,
- suitable job training and placement, and
- respite care for their caretakers

Families with Emotionally Disturbed Children or Children with Legal Difficulties Families with children with emotional difficulties or with legal problems needed the services of a bilingual counselor to help the child or the entire family deal with its problems. They also required special educational programming for the child, such as an individualized educational plan or a vocational program. Delinquent children needed after school jobs or educational activities which could serve to keep them busy and out of trouble. Both types of families lacked knowledge regarding the nature of their children's difficulties and of the treatment that was being provided. It was also essential that they receive training in how to manage their children's difficulties. Families with severe emotional difficulties also needed respite care and emotional support.

- Emotionally disturbed and delinquent children need counseling, individualized educational and vocational programs, and after school jobs, educational, or recreational activities.
- Parents of severely disturbed children need training in how to manage their offspring, emotional support, and respite care; they also need information regarding the nature of their children's difficulties, the prospects of the future, and their legal rights.

Families with Emotionally Disturbed Adults

Families with emotionally disturbed adults were seriously burdened. The whole family required counseling and therapeutic services. Family members who bore the brunt of the family care were in dire need of psychological support. A person to consult when things became difficult and a place to hospitalize members when the family could no longer tolerate the stress were also urgent needs.

- Families with disturbed adult members need psychological services and readily available consultation and hospitalization services.

Families with Adults with Legal Difficulties The families with adults with legal difficulties experienced a great deal of stress. These families needed family counseling at an early stage, preferably at the beginning of the legal procedures and throughout the whole period of the husband's incarceration. The impact on the family of the husband's imprisonment was devastating - resulting in most cases in marital dissolution.

- The families of prisoners need counseling services to help the members from beginning to end and throughout most difficult situations, to prevent the disintegration of the families. Family members should be prepared for the separation from the very beginning, frequent visits should be permitted throughout the stay, and the prisoner be prepared to re-join the work world and his or her family.

Families with Multi-problems These families have the needs of all the families previously discussed plus the added burden of facing a multiplicity of problems. Because of the plethora of problems affecting these families they need an integrated treatment approach where all the agencies serving them coordinate their services.

Table 1

SPECIFIC RECOMMENDATIONS FOR EACH FAMILY TYPE

Families with:	Recommended Services
Young children and non-working mothers	Child care and babysitting services Transportation Educational services for the children via libraries pre-schools, etc. (These services should ideally involve the parent.) Convenient laundry facilities. Child care arrangements within institutions such as churches, schools, stores, hospitals, etc. Good health services Adequate financial resources Adequate housing Safe play space
Young children and working mothers	Adequate child care services which: 1) are financially feasible 2) are educationally-oriented 3) are bilingual and bicultural 4) provide transportation to and from the center 5) admit all siblings, especiall after school and during holidays 6) have operating hours responsi to working hours of wage earr Part-time jobs with: 1) flexible time schedules 2) good heath services 3) adequate housing - including safe play space and laundry facilities 4) transportation 5) child care arrangements within institutions such as churches, schools, stores, hospitals, etc.

TABLE [1] (continued)

Elderly members	Information about quality and availability of medical care Bilingual/bicultural staff or interpreters in hospitals, social security offices, and other such institutions Home care - workers who are bilingual and bicultural Transportation Adequate housing Recreational and educational activities
Physically handicapped children	Appropriate housing: 1) rooms large enough to maneuver a wheelchair 2) ramps to get in and out of buildings 3) enough rooms to provide handicapped person with his own. Information and education: 1) nature of the disability affecting their child 2) remedial strategies being used 3) parental role in the helping process 4) parental rights 5) child management techniques such as: behavior modification, sign language, Braille,etc Supportive services such as: 1) clinical nurseries 2) child care 3) after-school and respite car 4) sheltered workshops 5) appropriate school programs 6) social services Financial subsidies to compensate for loss of income due to the heavy child care burden necessitated by severely handicapped children which often does not allow a parent to work.

TABLE 1 (continued)

Physically handicapped adults	Home care worker to cook, clean, shop, do errands, mail, administer health care, and transport handicapped person. Appropriate housing: 1) rooms large enough to move a wheelchair easily 2) ramps to get in and out of buildings 3) enough rooms to allow handicapped person to have own 4) suitable job with training and placement whenever possible. Recreational activities Transportation Good medical treatment Respite care for caretakers.
Emotionally disturbed children	Individual and family counseling Individualized educational or vocational programs for child After school jobs, educational or recreational activities for child Information and education: 1) nature of their child's difficulty and his future prospects 2) legal rights as parents 3) behavior management techniq Respite care Financial subsidies for parents of severely disturbed children who cannot work because of the serious burden these children place upon their families.
Emotionally disturbed adults	Individual and family counseling A person or agency to consult when situations become serious Adequate hospitalization facilitie

TABLE 1 1 (continued)

Fathers/Husbands with criminal problems	Counseling services for all family members from the beginning of the legal proceedings to the end of the incarceration period to prepare family members for the separation and also for the return. Supportive services to the family while the member is in prison, and to the imprisoned member Educational and vocational training for the prisoners Adequate financial assistance to compensate for the loss of wages.
Multi-problem families	Depending on their specific difficulties, all the services outlined above for other families, as appropriate Service coordination and integration.

General Policy Recommendations

Our recommendations for policy toward Italians have emerged from a consideration of the Italian's experience with respect to utilization of social service agencies. As mentioned previously these barriers to agency utilization are not only related to the families' perceptions of actual social services but to the personalty and behavior characteristics of Italians.

Because Italian families must be helped to understand the nature and scope of the services available to them, we recommend that programs be developed to

- increase the awareness of community services by employing the word-of-mouth, natural network method of communication.

As was discussed earlier, families often knew that an agency existed but were ill-informed about the extent of the services provided and their relevancy to the family. The services were not viewed as viable alternatives to solving family problems. The reason for this outlook may lie with the

agency, which failed to utilize the most effective means to communicate with the public, namely, the natural communication networks. Usually agencies advertise their services through the medium of print which has a lesser impact on the consciousness of this community.

Identifying natural helpers and working with them to disseminate social service information is a relatively time-cost effective way of spreading the word. These helpers have already existing networks through which they can channel news and information. They are respected and known by the community and have greater source credibility than any social service worker or administrator. Moreover, natural helpers can be more effective communicators than any flyer, poster, or news release.

Utilizing the natural helper as an informal "PR person" for agencies is consistent with traditional modes of communication. Repeatedly in the interviews, participants referred to the "word of mouth" approach as the way they had found housing, baby-sitters, and jobs. Thus, our policy suggestion is to build on to what already exists in these communities. The government can develop program to inform agencies of this approach and offer incentives to them to make the effort to acquaint families with the services they provide.

As part of the above communication/educational thrust, we recommend efforts to:

- reduce the stigma attached to seeking help for mental health issues by involving the community in discussion forums and seminars;

- help community members identify their own mental health needs by involving them in non-threatening activities geared to the alleviation of more socially acceptable problems.

We advocate that mental health workers develop non-threatening activities aided by natural helpers through which families become engaged in consciousness raising with respect to mental health issues. Programs for overweight family members, children with academic problems, unemployed family members, teens, elderly, and young mothers are more readily acceptable to the public than are counseling and therapy for depression and other disturbances. Formats that focus on a symptom which may have a psychological or emotional basis can serve to identify persons with problems and involve them with the appropriate services. Gradually and with sensitivity, potential causes of the emotional problem can be addressed.

Worker attitudes were cited both as a barrier and complementarily as an attraction to social service utilization; hence, we recommend that:

- social service workers be persons with whom Italian clients can identify and who display qualities similar to those of family members.

We have already emphasized that Italians prefer to seek help from a family member rather than to go outside the home. The best worker for many of our Italian families was someone most like a family member. Characteristics of warmth, sensitivity, and caring have already been emphasized. Workers with similar economic and ethnic backgrounds were also attractive to the majority of our Italian families. Agencies should narrow the gap as much as possible between worker and client, agency and family, by playing down the professional image whenever possible.

In our discussion of the Italian families' attitudes toward institutionalization, we noted the strong tendency of these families to care for their members with special needs in the home. In the light of this

tendency, we recommend that:

- help be provided to families who care for special needs members at home, in the form of training programs, respite care, and financial reimbursements.

Placing a loved one in an institution is a torturous decision which many families have had to make. Families interviewed expressed great sadness about these decisions and felt they would not have institutionalized the member if they had had more help. Those interviewed who were still caring for special needs members at home dreaded the day when, because family resources were no longer sufficient, they would have to choose the institutional alternative.

If the state could aid families inclined to keep these members at home such decisions could be averted in many cases. It is financially advantageous to the State to have fewer persons in institutions because the financial costs of such care are great. Moreover, reducing the number of persons in institutions may improve the quality of care to those who must be in them.

One of the services families needed to enable them to keep their special needs members at home was training in dealing with specific physiological and emotional disturbances. Feeding methods, physical therapy, and nursing skills could be taught to families to assist them in caring for the special needs members. Such knowledge can alleviate the families' stress by increasing their self-confidence about coping with the handicapped person's problems.

Caring for a special needs member is a twenty-four-hour-a-day, seven-day-a-week job. Few people can endure the strain of such constant work and confinement. Respite care is essential for these families so

they can lead normal lives and be sufficiently refreshed to continue caring for the special needs member.

Keeping a person at home may also mean the loss of the caretaker's income. Home care involves special equipment, diet, and a room set aside for the handicapped person. Financial reimbursements should be given to families who care for members at home to substitute for lost income and defray the expenses of caretaking. These reimbursements would serve as incentives for families to keep special needs members at home'

Remaining at home means that a handicapped family member can continue to enjoy a loving and familiar environment and that the family can feel it is carrying out its responsibility to the member. Help from the state would serve to lessen the family stress and reduce any guilts the handicapped or special needs person might have about burdening the family.

To insure that state, local, and private agencies work to improve their services, we recommend:

- o the development of an Italian Interest Group which would generate support for meeting the needs of Italian families who are in low income brackets.

Such advocacy presently does not exist on a large scale, partly because Italians are no longer a "fashionable" minority and partly because Italians resist help from structures external to the family. We feel that for the communities studied, the conclusion that "Italians have made it" is premature. Some families have successfully prospered by the "boot strap" method, but to believe that all will do so is naive, and to insist that Italians do it on their own is unfair in the light of

the assistance enjoyed by other racial and ethnic minorities. Such insistence amounts to, in the words of one Italian community leader "an exploitation of Italians for their virtues of independence and pride."

In addition to the above general policy recommendations, more specific steps should be taken to encourage Italians to seek help, and to improve the quality of services in community agencies. These recommendations are as follows:

- Mental health services located in the community should be housed in a general health setting or other service setting to assure clients anonymity.
- Services should be located conveniently near to clients' home
- Services should be housed in clean, well maintained, uncongested buildings with ramps for handicapped, well-lighted hallways, and as few stairs as possible.
- Social service agencies should provide prompt attention and av long waits, phone call delays, and giving the client a "run-around" when he is seeking information and help.
- Scheduling of clinic hours should take into consideration special types of transportation (elderly shuttles, community rides, etc.) used by clients; day care scheduling should be sufficiently flexible to be used by working mothers.
- Day care services should be individualized for the different ages of children as well as gifted and special needs children.
- Medical services should give patients a choice of doctors, guaranteeing them continued care from those chosen.
- Social Service agencies should strive for a non-partisan, apolitical image.

Specific Policy Recommendations by Family Type

Thus far we have recommended ways in which services can be changed in order to make them more helpful to all Italian families regardless of

type. This section will emphasize features which can help families with their specific problems (See Table 24.6).

Families with Young Children and Non-Working Mothers These families need services located near their homes, as traveling with small children is difficult. One service of particular importance is a clinic where children can be seen immediately. The assurance of prompt attention can be very reassuring to young parents. Call-up hours at such clinics are needed to allay parents' fears and help inform them about the best method of home treatment (ideally these hours should be flexible). Sliding scales of payment are important for these low income families who are bearing the expenses of raising young children.

Often these families with small children were living in apartments with insufficient bedroom space and play areas. As these families were in inner-city locations, they lacked back yards for children in which to play. Very young children stayed indoors because their parents felt they were unable to negotiate the city streets. These families needed larger apartments and safer play areas for their children.

Families with Young Children and Working Mothers The recommendations made for helping the previous family type are applicable to this group as well. In addition, families with working mothers require day care arrangements with flexible hours and transportation services.

Daily living services, that is, help with cleaning, cooking, or shopping would help alleviate stresses caused by juggling the roles of working and mothering, particularly when mothers are single parents.

Families with Elderly Members These families require bilingual services more frequently than any other family type. This service is required if they are to deal effectively with a social service agency. Transportation services for shopping and clinic visits are available but need to be expanded. Recreational transportation does not seem to exist at all and, since elderly persons clearly need activities and outlets, we recommend that provision be made for this service. Special taxi rates are one way elderly persons can visit family or take in entertainment in other parts of the city on an individualized basis.

During the winter, elderly persons are often prisoners in their apartments. Community members should make regular calls and visits to these shut-ins to provide them with basic needs. Recreational visits are also recommended to help them deal with the boredom and loneliness of confinement during these periods.

Sliding scales of payment and free services are essential for elderly persons who have limited financial resources.

Families with Emotionally Disturbed Children

These families would benefit from family counseling; our sample indicated varying degrees of emotional problems in both parents and siblings. Often the problems and needs of these other family members were neglected because the emotionally handicapped child demanded so much attention. Both the children and parents, particularly the caretaker, need the opportunity to socialize with people their own age outside the home. Respite care for the special needs child can permit this. Most importantly, respite care can enable families to have time

together without having to continually worry about the disturbed child. If the emotionally disturbed child has physical disabilities, as is sometimes the case, then the services recommended for the physically handicapped apply here as well: transportation services, special equipment, ramps, mobility training, and physical and occupational therapy.

Families with Physically Handicapped Adults These families need more individualized transportation services to help them lead normal lives. At present only minimal services exists for only the most necessary excursions (clinic and doctor visits). These existing services require twenty-four hour advance notice which makes planning difficult.

Spouses or caretakers of a handicapped person require much support. We recommend they receive help with daily living services, particularly in the form of shopping, errands, cooking, cleaning, and household repairs.

Respite care should be provided to caretakers on a regular basis. Ideally one day a week off from caretaking would give the person needed relief from the burden of having to care for a physically handicapped family member.

The homes of physically handicapped persons should have ramps where applicable, and special beds, exercise, chair, toiler, and feeding equipment. There should be sufficient room to care for the person and for maneuvering a wheelchair.

Families with Emotionally Disturbed Adults These families needed to be reached by mental health facilities, as frequ..tly the family

members with emotional problems were not receiving treatment. We have already made a series of recommendations concerning the need for general community education regarding mental health, community involvement in mental health services, as well as the importance of structuring services to assure clients of confidentiality and anonymity.

The problem of personal resistance to the recognition of an emotionally based problem is common . Family systems therapy, one type of intervention, suggests that whenever one member is having problems, there are behaviors in other members of the system which serve to reinforce and maintain that behavior. Thus, treating the family as a whole is not only less threatening to the individual who is symptomatic, but is a more comprehensive treatment of the problem.

Families with Adults with Legal Problems Supportive counseling for the spouse of a member who is criminally involved is strongly recommended These persons are often resentful, hostile, worried, and lonely as a result of their spouse's crime. Shame and fear of disclosure might prevent spouses from seeking this support. Thus, we recommend that an outreach and education program dealing with mental health issues be organized in conjunction with the courts and other legal services which are involved with these families. These services must assure clients of their confidentiality and also attempt to involve the whole family. The aim of this support is to maintain the family unit while the member is incarcerated or until the legal crisis is over.

Sliding scales of payment for private legal services should be available to all persons who prefer not to use a court appointed lawyer, so that they can select one of their own choice. Most families have little/or no knowledge of the legal system prior to a member's involvement. A good information and referral service can help alleviate much worry and anxiety about decisions families have to make when a member is having legal problems.

Temporary financial assistance is often necessary when the husband is incarcerated, particularly if the wife has never worked before. Such women are suddenly faced with the responsibility of supporting a family and may have few job skills and little knowledge of how to seek employment. Special short-term vocational training programs designed for wives of prisoners providing job search skills should be instituted. These programs should be free of charge, grant academic credit, and should provide reimbursement to the women as they are learning.

Families with Multiple-Problems The families comprising this type contained many of the problems already mentioned. Recommendations for this family type are a compilation of previous recommendations. These families should have:

- daily living services;
- respite care;
- outreach and education regarding mental health issues;
- counseling for the whole family;
- sliding scale of payment
- mental health services which assure them of anonymity and confidentiality.

TABLE 2

SPECIFIC RECOMMENDATIONS FOR EACH FAMILY TYPE

Families with:	Recommended Services
Young Children and Non-working Mothers	Sliding scale of payment Convenient service location Immediate pediatric attention and advice Larger apartments Play areas
Young Children and Working Mothers	Sliding scale of payment Convenient service location Larger apartments Immediate pediatric attention and advice Play areas Flexible day care hours Transportation for day care
Elderly Members	Sliding scale of payment Bilingual services Transportation Convenient service location Visits and care during inclement weather
Physically Handicapped Adults	Transportation Sliding scale of payment Daily living services Respite care Ramps Special equipment Larger apartments without stairs
Emotionally Disturbed Children	Sliding scale of payment Respite care Counseling for the whole family Child care Transportation
Emotionally Disturbed Adults	Outreach and education in mental health Sliding scale of payment Confidentiality assurances Counseling for whole family

TABLE 2 (continued)

Emotionally Disturbed Adults	Outreach and education in mental health Sliding scale of payment Confidentiality assurances Counseling for whole family
Fathers/Husbands with criminal problems	Vocational training Information and referral Sliding scale of payments Confidentiality assurances Counseling for whole family Outreach and education in mental health
Multiple Problems	Daily living services Respite Care Outreach and education in mental heath Sliding scale of paymert Confidentiality assurances Counseling for whole family